Intol Car				
(usu) car	rier Contact Form			FCC Form 690
				Approved by OMB
				OMB Control No. 3060-1185
181011811111111111111111111111111111111				Page 2 of 8
<010>	Study Area Code	278	3006	
<015>	Study Area Name		ntral Louisiana Cellular, LLC	· · · · · · · · · · · · · · · · · · ·
<020>	Program Year	201	·	
<030>	Contact Name - Person USAC should contact regarding		nd Strausbaugh	
<035>	Contact Telephone Number - Number of person identif		5356474 ext.	
<039>	Contact Email Address - Email Address of person identification	ied in data line <030> cst	rausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	20165593		
<111>	Filing Carrier Name			
<112>	Winning Bidder Carrier Name	Central Louisiana Cellul		
<113>	Street Address (or PO Box)	Central Louisiana Cellul		
<114>	·	1170 Devon Park Drive, S	Suite 104	
	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		-
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cellonenati	On . com	
Contact In	<u>formation</u>			
	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	Chad Channahamah		
<121>	Filing Carrier Name	<u>Chad Strausbaugh</u> Central Louisiana Cellula	or IIC	
<122>	Street Address (or PO Box)			
<123>	City	1170 Devon Park Drive Su	uite 104	
<124>	State	Wayne		
<125>		PA		
		19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellonenatio	on.com	
	•			
\u+horizo	Agent Information			
<u> Authorizec</u>	if no agent, indicate in this box			
<130>				
	Name (First, MI, Last, Suffix)			
<131>	Company			·
<132>	Street Address (or PO Box)			
<133>	City _			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			
	<del>-</del>			<del></del>

(060) Co	verage and Performance Report	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	278006
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh

Contact Name - Person USAC should contact regarding this data

Chad Strausbaugh

Contact Telephone Number - Number of person identified in data line <030>

Contact Email Address - Email Address of person identified in data line <030>

cstrausbaugh@cellonenation.com

Coverage and Performance Report Year 08/2016 - 07/2017

**Coverage and Performace attachments** 

<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>&gt;</d>	SSAMES!
	State	County			Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	, ,	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)	
				\$	ee attach	ed worksl	neet				

	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	1

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185 Page 4 of 8

<010>	Study Area Code	278006
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

(	Certification of Officer or E	mployee as to Compliance with 47	CFR §54.1009(a)(4)			
l certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.						
Name of Reporting Carrier: Cent	ral Louisiana Cellular, LI	SC .				
Signature of Authorized Officer:	CERTIFIED ONLINE			Date 06/28/2017		
Printed name of Authorized Officer:	Chad Strausbaugh					
Title or position of Authorized Officer:	Staff Counsel					
Telephone number of Authorized Officer:	6105356474 ext.					
Study Area Code of Reporting Carrier:	278006	Filing Due Date for this form:	07/03/2017			

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
uthorized agent; and, to the best of my knowledge, the reports and data p	r; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the covided to the authorized agent is accurate.
lame of Authorized Agent:	
lame of Reporting Carrier:	
ignature of Authorized Officer or Employee:	Date:
rinted name of Authorized Officer or Employee:	
itle or position of Authorized Officer or Employee:	
elephone number of Authorized Officer or Employee:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authoriz	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
l, as agent for the reporting carrier, certify that I am authori data provided by the reporting carrier; and, to the best of m	to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on nowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agen	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

(080) Trib	al Lands Reporting				CC Form 690	
					Approved by OMB  DMB Control No. 3060-1185	
					Page 5 of 8	
<010>	Study Area Code		272006			
<015>	Study Area Name		278006 Central Louisiana	Cellular, LLC		—
<020>	Program Year		2017			_
<030>	Contact Name - Person USAC should contact regarding	this data	Chad Strausbaugh			
<035> <039>	Contact Telephone Number - Number of person identif					
10332	Contact Email Address - Email Address of person identi	ned in data line	<030> cstrausbaugh@cello	nenation.com		—
<142>	State					
					_	
<143>	County					
12-13-	County					
<144>	Tribal Land(s) on which ETC Serves					
						—
					_	
<145>	Tribal Government Engagement Obligation					
		Name of Attached	d Document (.pdf)			
	If your company serves Tribal lands, please select (Yes,		ole) for			
	each of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the 1					
	government pursuant to § 54.1004 includes:	11501				
			Select			
<146>	Needs assessed and dealers as the state of		(Yes, No, Not Applicable)			
11402	Needs assessment and deployment planning with a foo community anchor institutions;	us on Tribal				
<147>	Feasibility and sustainability planning;					
<148>	Marketing services in a culturally sensitive manner;					
<149>	Compliance with Rights of way processes					
<150>	Compliance with Land Use permitting requirements					
<151>	Compliance with Facilities Siting rules					
<152>	Compliance with Environmental Review processes					
<153>	Compliance with Cultural Preservation review processes	i				

<154> Compliance with Tribal Business and Licensing requirements.

(090) Projec	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
		The second secon
<010>	Study Area Code	278006
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/08/2013
<201>	Targeted Completion Date	08/09/2015
<202>	Total Mobility Fund Support Awarded	28080.00
<203>	Total Mobility Fund Support Disbursed	27658.80
<210>	Actual Completion Date	06/10/2015
<211>	Project Status Description (attached)	278006_PSD_LA.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	(Name of PDF attachea)
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	<del></del>
<214>	Status of Network Deployment - Construction  Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Deployment  Status of Network Deployment - Maintenance	
<216>	Project Budget Status	
<217>	Project Plan Status	<u> </u>
72117	rroject riam status	

**⊙** 3G **○** 4G

<218> Network will Support 3G/4G Mobile Service?

(101) Certification - Reporting Carrier	FCC Form 690 Approved by Ok	
	OMB Control No Page 7 of 8	s. 3060-1185

<010>	Study Area Code	278006
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

## Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Central Louisiana Cellular, LLC

Name of Reporting Carrier:

CERTIFIED ONLINE Date 06/28/2017 Signature of Authorized Officer:

Chad Strausbaugh Printed name of Authorized Officer: Staff Counsel

Title or position of Authorized Officer:

Study Area Code of Reporting Carrier:

6105356474 ext. Telephone number of Authorized Officer: Filing Due Date for this form: 07/03/2017 278006

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	recommendada de la companya della companya della companya de la companya della co
	FCC Form 690
(102) Certification - Agent / Carrier	
V,,	Approved by OMB
	OMB Control No. 3060-1185
	OMB CONTO No. 3000-1103
	Page 8 of 8

<010>	Study Area Code	278006
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier  ertify that (Name of Agent)  is authorized to submit the information reported on behalf of the reporting carrier. I so certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized lent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer:	Date:			
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
	Filing Due Date for this form:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:  an be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

	Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier			
i, as ag	gent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data ed herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.			
	of Reporting Carrier:			
Name (	of Authorized Agent Firm:			
Signatu	ure of Authorized Agent or Employee of Agent:			
Name o	of Authorized Agent Employee:			
	r position of Authorized Agent or Employee of Agent			
	none number of Authorized Agent or Employee of Agent:			
	mit D - Data facultic forms			
Study A	Area code of Reporting Carrier.			
	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

# **Attachments**

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	278006
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
		08/2016 - 07/2017

Certify that **Total Road** Coverage and Performacne Road Miles Resident **Total Resident** Miles per Census Population Population Road Miles covered per data is uploaded Resident Newly Reached by Service Reached by per Census **Block Newly** Census Block Population per (yes/no) Reached Servi<u>ce</u> Block Census Block County Rapides Census Block State 0000 Yes 0.0 LΑ

> Percentage of Total Population Reached by Service

0	

Percentage of Total Road Miles covered by Service

0			

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2016 – July 2017

## FCC Form 690 - Coverage and Performance Data Update

Central Louisiana Cellular, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2016 – July 2017

### **Project Status Description**

Item: SAC 278006

County/State: Rapides, LA

Total Award Amount: \$28,080.00

### **Project Description**

To date, Central Louisiana Cellular, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

	Fund - 954.1009 Annual Reporting lection Form		Avg. Burder	FCC Form Approved by OMB OMB 3060-1185 I Estimate per Respondent: 18 Hours
<010>	Study Area Code	278007		Assented / Filed
<015>	Study Area Name	Central Louisiana Cellular, LLC		Accepted / Filed
<020>	Program Year	2017		JUN 29 2017
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		Federal Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		Office of the desirement
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
0167394164736	and the state of the	ki San Mara Mara ka Mara Mara Mara Manaka Mara Mara Mara Mara Mara Mara Mara M	STANISH STANIS	
<040>	Has the information required pursuant to §54.1009 (<041> Attach a description of the documents file		<040> O	•
	<042> Cite the Study Area Code (SAC) for the For	m 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	r tribal lands? Yes or No)	0	•

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

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(vao) car	rier Contact Form			FCC Form 690
				Approved by OMB
				OMB Control No. 3060-1185
and the second		<u> Station of the following the factor of the following the factor of the</u>		Page 2 of 8
<010>	Study Area Code		278007	
<015>	Study Area Name		Central Louisiana Cellular, LLC	
<020> <030>	Program Year		2017	
<035>	Contact Name - Person USAC should contact regarding of Contact Telephone Number - Number of person identified		Chad Strausbaugh	· · · · · · · · · · · · · · · · · · ·
<039>	Contact Email Address - Email Address of person identifi		6105356474 ext.	
			cstrausbaugh@cellonenation.com	-
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	20165593		
<111>	Filing Carrier Name	Central Louisiana Ce	ellular, LLC	
<112>	Winning Bidder Carrier Name	Central Louisiana Ce	ellular, LLC	
<113>	Street Address (or PO Box)	1170 Devon Park Driv	re, Suite 104	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		——————————————————————————————————————
<118>	Fax Number			
<119>	Email Address	6106885209		
		cstrausbaugh@cellone	nation.com	
Control la	<b>f</b> armanta			
Contact In	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)			
<121>	Fillian Country At	Chad Strausbaugh		
<122>		Central Louisiana Cel	lular, LLC	
		1170 Devon Park Drive	Suite 104	
<123>	•	Wayne		
<124>	•	PA		
<125>	-	19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellonen	ation.com	
	•			
Authorina	Amount Indianacetta			
Authorized	Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
	<del>-</del>			· · · · · · · · · · · · · · · · · · ·
	Company			· · · · · · · · · · · · · · · · · · ·
	Street Address (or PO Box)			
<133>	City _			
<134>	State	·		
	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			
	_			

		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
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<010>	Study Area Code	278007
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2016 - 07/2017	

Coverage and Performace attachments

<141> Total Road Road Certify that Miles per Miles Road Coverage and Resident Total Resident Miles Census covered Performance data Resident Population Population per Block per is uploaded Population per Newly Reached Reached by Census Newly Census (Yes/no) State County Census Block Census Block by Service Service Block Reached Block -- See attached worksheet

,	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
	Approved by OM8 OMB Control No. 3060-1185
	Page 4 of 8

<010>	Study Area Code	278007
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

I cartifu that I am an officer or ample to a	f sha	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier: Cent	ral Louisiana Cellular, LL	
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 06/28/2017
Printed name of Authorized Officer:	Chad Strausbaugh	
Title or position of Authorized Officer:	Staff Counsel	
Telephone number of Authorized Officer:	6105356474 ext.	
Study Area Code of Reporting Carrier:	278007	Filing Due Date for this form: 07/03/2017

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier		
is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.			
Name of Authorized Agent:	provided to ano delatorized again to about atte.		
Name of Reporting Carrier:			
Signature of Authorized Officer or Employee:	Date:		
Printed name of Authorized Officer or Employee:	Dutc.		
Title or position of Authorized Officer or Employee:			
Telephone number of Authorized Officer or Employee:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
Persons willfully making false statements on this form can be punis unde	shed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment er Title 18 of the United States Code, 18 U.S.C. § 1001.		

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authoriz	ed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
l, as agent for the reporting carrier, certify that I am authorized data provided by the reporting carrier; and, to the best of m	red to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on y knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
ignature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	5510.
itle or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agen	t:
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

(080) Trib	al Lands Reporting			FCC Form 690 Approved by QMB OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code		270007	
<015>	Study Area Name		278007 Central Louisiana Cellular, LLC	
<020>	Program Year		2017	
<030> <035>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh	
<039>	Contact Telephone Number - Number of person identification   Contact Email Address - Email Address of person identification   Contact Email Address - Email Address of person identification   Contact Telephone Number - Number of Person identification   Contact Telephone Number		^-	
	and the person rection	med in data intervol	cstrausbaugh@cellonenation.com	
<142>	State			
<143>	County			
	·			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation			
		Name of Attached Do	cument (.pdf)	
	If your company serves Tribal lands, please select (Yes, each of these boxes to confirm the status described on		for	
	PDF, on line 145, demonstrates coordination with the 1			
	government pursuant to § 54.1004 includes:			
		<b>-</b>	······································	
			Select	
<146>	Needs assessment and deployment planning with a feed		Yes, No, Not Applicable)	
12.00	Needs assessment and deployment planning with a for community anchor institutions;	cus on Tribai		
<147>	Feasibility and sustainability planning;	<u></u>		
<148>	Marketing services in a culturally sensitive manner;	F		
<149>	Compliance with Rights of way processes	<del> </del>		
		<u> </u>		
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
<153>	Compliance with Cultural Preservation review processes	,		

<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	278007
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/08/2013
<201>	Targeted Completion Date	08/09/2015
<202>	Total Mobility Fund Support Awarded	229284.00
<203>	Total Mobility Fund Support Disbursed	207547.88
<210>	Actual Completion Date	06/05/2015
<211>	Project Status Description (attached)	278007_PSD_LA.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	(Name of FDF attached)
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Network Design	<u> </u>
<214>	Status of Network Deployment - Deployment	
<215>		
<216>	Status of Network Deployment - Maintenance Project Budget Status	<u> </u>
<217>		· · ·
<21/>	Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?	3G <b>O</b> 4G

(101) Certification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
	Page 7 of 8

<010>	Study Area Code	278007
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Central Louisiana Cellular, LLC				
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/28/2017			
Printed name of Authorized Officer: Chad Strausbaugh				
Title or position of Authorized Officer: Staff Counsel				
Telephone number of Authorized Officer: 6105356474 ext.				
Study Area Code of Reporting Carrier: 278007	Filing Due Date for this form: 07/03/2017			

06/27/2017 Page 7

(102) Certification - Agent / Carrier	FCC Form 690
H1021 Certification - Agent / Carrier	10010111000
Land to the state of the state	
	. Approved by OMB
	OMB Control No. 3060-1185
	UNID CONGIUNIO, SUGUELLOS
	Page 8 of 8
	7,045-0-01-0

<010>	Study Area Code	278007
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)			
Date:			
Filing Due Date for this form:			
rov	ensibilities include ensuring the accuracy of the data reporting requirements provided to the authorized revided to the authorized agent is accurate.  Date:		

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier				
i, as agent for the reporting carrier, certify that I am autho reported herein based on data provided by the reporting c	ed to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data rier; and, to the best of my knowledge, the information reported herein is accurate.			
Name of Reporting Carrier:				
Name of Authorized Agent Firm:				
Signature of Authorized Agent or Employee of Agent:	Date:	****		
Name of Authorized Agent Employee:				
Title or position of Authorized Agent or Employee of Agent				
Telephone number of Authorized Agent or Employee of Ag	t:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
Persons willfully making false statements on this form o	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under 18 of the United States Code, 18 U.S.C. § 1001.	r Title		

# **Attachments**

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	278007
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>		cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2016 - 07/2017

<141>

<a1></a1>	<b>442&gt;</b>	<83>	<61>	<b2></b2>	<63>	601>	<c2></c2>	<b>(3</b> )	 4b
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
LA	Rapides	0000	0	0	0	0.0	0.0	0.0	Yes
	<del></del>								
									·

Percentage of
Total Population
Reached by
Service

0		

Percentage of Total Road Miles covered by Service

0	-	

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2016 – July 2017

## FCC Form 690 - Coverage and Performance Data Update

Central Louisiana Cellular, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2016 – July 2017

### **Project Status Description**

Item: SAC 278007

County/State: Rapides, LA

Total Award Amount: \$229,284.00

### **Project Description**

To date, Central Louisiana Cellular, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

	Fund §54.1009 Annual Reporting ection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	278008	
<015>	Study Area Name	Central Louisiana Cellular, LLC	
<020>	Program Year	2017	Accepted / Filed
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	JUN 29 2017
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	Oline of a
DE HOORING			uuraan ka ka makan maka maka maka maka maka
		ALTERNATION OF THE PROPERTY OF	
<040>	Has the information required pursuant to §54.1009  <041> Attach a description of the documents fil		N) <040> O O
<040>		led with the Form 481 reporting	<u></u>

### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

**************************************				
(050) Carı	rier Contact Form		The second second second second	FCC Form 690
				Approved by OMB
				OMB Control No. 3060-1185
Million Million Million		<u>Aleksanistiikkis tähellikaisiillikki</u>		Page 2 of 8
<010>	Study Area Code		278008	
<015>	Study Area Name		Central Louisiana Cellular, LLC	
<020>	Program Year		2017	44.00
<030> <035>	Contact Name - Person USAC should contact regarding the		Chad Strausbaugh	
<039>	Contact Telephone Number - Number of person identified Contact Email Address - Email Address of person identified		6105356474 ext.	· · · · · · · · · · · · · · · · · · ·
10337	Contact Email Address Cindii Address of person identifie	d iii data iiile <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	20165593		
<111>	Filing Carrier Name	Central Louisiana Ce	ellular, LLC	
<112>	- Maria de Brille Gerri Al	Central Louisiana Ce		···
<113>		1170 Devon Park Driv		
<114>	- <u>-</u>	Vayne		
<115>		PA		
<116>	2:- 0-1-			
<117>	Telephone Number	19087	·	
<118>	Fax Number	5105356474 ext.		
<119>	Email Address	106885209		
1110		strausbaugh@cellone	nation.com	
Contact In	formation			
	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	had Strausbaugh		
<121>	Filing Carrier Name	entral Louisiana Cel	llular, LLC	
<122>	Street Address (or PO Box)	170 Devon Park Drive	e. Suite 104	
<123>	City	ayne		
<124>	State	A		
<125>	Zip-Code 1:	9087		
<126>	Tolophono Number	105356474 ext.		
<127>	Eav Number	106885209		
<128>	Empil Address	strausbaugh@celloner	astion dom	¥
	-	BCTAUSDAUGH@CETTOHEL	lacton.com	
<u>Authorized</u>	d Agent Information			
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code		-	
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			
3-5				

(060) Co	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	278008	
<015>	Study Area Name	Central Louisiana Cellular, LLC	*
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2016 - 07/2017		
	278008_CPRd	LA.zip	

Coverage and Performace attachments

	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>&gt;</d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Population	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance is uploaded (Yes/no)
			8	ee attach	ed worksl	neet			
		1		1			i		
		<del> </del>							
								-	

(070) Urban Rate Comparability Certification Co	mpflance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8

<010>	Study Area Code	278008
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

	Certification of Officer or Em	ployee as to Compliance with 47 Cl	FR §54.1009(a)(4)		
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.					
Name of Reporting Carrier: Cent	tral Louisiana Cellular, LLC	;			
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2017		
Printed name of Authorized Officer:	Chad Strausbaugh				
Title or position of Authorized Officer:	Staff Counsel				
Telephone number of Authorized Officer:	6105356474 ext.				
Study Area Code of Reporting Carrier:	278008	Filing Due Date for this form:	07/03/2017		
Persons willfully making false statemen		ne or forfeiture under the Communications Ac of the United States Code, 18 U.S.C. § 1001.	et of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment		

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to author	orize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the	reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the rep	orts and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can b	e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authoriz	d to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am author data provided by the reporting carrier; and, to the best of m	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Ager	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

080) Triba	al Lands Reporting			FCC Form 690
				Approved by OMB
				OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code		278008	
<015>	Study Area Name		Central Louisiana Cellular, I	LLC
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh	
<035> <039>	Contact Telephone Number - Number of person identif Contact Email Address - Email Address of person identi		0205	
10332	Contact Entail Address - Entail Address of person identi	neu in data inie v	cstrausbaugh@cellonenation.co	DM.
<142>	State	<u></u>		
<143>	County			
<b>\143</b> /	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation			
12132	That Government Engagement Congation	Name of Attached	Document (.pdf)	
		•	,	
	If your company serves Tribal lands, please select (Yes,		le) for	
	each of these boxes to confirm the status described on			
	PDF, on line 145, demonstrates coordination with the 1 government pursuant to § 54.1004 includes:	Fribal		
	government pursuant to 3 34.1004 includes.			
			Select	
			(Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a foo	cus on Tribal		
	community anchor institutions;			
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
<153>		•		

<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information	FCC Form 690
		Approved by OMB
	Control of the Contro	OMB Control Na. 3060-1185
		Page 6 of 8
<010>	Study Area Code	278008
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
·		
<200>	Date Authorized to Receive Support	08/08/2013
<201>	Targeted Completion Date	08/09/2015
<202>	Total Mobility Fund Support Awarded	27500.00
<203>	Total Mobility Fund Support Disbursed	27060.00
<210>	Actual Completion Date	06/09/2015
<211>	Project Status Description (attached)	278008_PSD_LA.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	<del>-</del>
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	
<217>	Project Plan Status	<b>✓</b>

3G

<218> Network will Support 3G/4G Mobile Service ?

(101) Certification - Reporting Carrier  Approved by OMB  OMB Control No. 3060-1185  Page 7 of 8
--

<010>	Study Area Code	278008
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.					
Name of Reporting Carrier: Central Louisiana Cellular, LLC					
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/28/2017				
Printed name of Authorized Officer: Chad Strausbaugh					
Title or position of Authorized Officer: Staff Counsel					
Telephone number of Authorized Officer: 6105356474 ext.					
Study Area Code of Reporting Carrier: 278008 Filing Due Date for	this form: 07/03/2017				

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier  Approved by OM  OMB Control No.	
Page 8 of 8	

<010>	Study Area Code	278008
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier					
I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my agent; and, to the best of my knowledge, the reports and	is authorized to submit the information reported on behalf of the reporting requirements provided to the authorized to provided to the authorized agent is accurate.	ig carrier. I I			
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer:	Date:				
Printed name of Authorized Officer:					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
Persons willfully making false statements on this form can	e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to	File for Mobility Fund Recipients on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am authorized to reported herein based on data provided by the reporting carrier; a	submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data nd, to the best of my knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

# **Attachments**

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	278008
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2016 - 07/2017

<141>

cal>	<b>92</b> >	<43>	<b>401</b> 5	<b2></b2>	<b3></b3>	«cl»	<b>50</b> 29	<c3></c3>	< <del>c</del> t>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
LA	Rapides	0000	0	0	0	0.0	0.0	0.0	Yes
	<u> </u>						0.0		
					****				
						-			
							-		
								·	
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								A	
								-	
									····

Percentage of
Total Population
Reached by
Consiso

0		

Percentage of Total Road Miles covered by Service

0			

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2016 – July 2017

## FCC Form 690 - Coverage and Performance Data Update

Central Louisiana Cellular, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2016 – July 2017

### **Project Status Description**

Item: SAC 278008

County/State: Rapides, LA

Total Award Amount: \$27,500.00

### **Project Description**

To date, Central Louisiana Cellular, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

			Avg. Burden	FCC Form Approved by OMB OMB 3060-1185 Estimate per Respondent: 18 Hours
<010>	Study Area Code	278009		
<015>	Study Area Name	Central Louisiana Cellular, LLC	A	ccepted / Filed
<020>	Program Year	2017		
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		JUN 29 2017
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Feder	ral Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
<040>	Has the information required pursuant to §54.1009  <041> Attach a description of the documents file		(041>	•
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	0	•

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Interve				
(GSU) CSI	rier Contact Form			FCC Form 690
				Approved by OMB
				OMB Control No. 3060-1185
NG UNING UNING SHIP.				Page 2 of 8
<010>	Study Area Code	2	78009	
<015>	Study Area Name	C	entral Louisiana Cellular, LLC	<u> </u>
<020>	Program Year	2:	017	· · · · · · · · · · · · · · · · · · ·
<030>	Contact Name - Person USAC should contact regarding th	his data c	had Strausbaugh	
<035> <039>	Contact Telephone Number - Number of person identifie	ed in data line <030> 6	105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie	ed in data line <030> c	strausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	20165593		
<111>	Filing Carrier Name	Central Louisiana Cell	ular, LLC	
<112>	William In a District Co. 1 At	Central Louisiana Cellu		
<113>	Chroat Address ( DO D)	1170 Devon Park Drive,		
<114>		Wayne	54166 104	· · · · · · · · · · · · · · · · · · ·
<115>	State	PA		
<116>	7in Code			
<117>	Telephone Number	19087		
<118>	Fax Number	6105356474 ext.		
<119>		6106885209		
11137		cstrausbaugh@cellonenat	tion.com	
		•		
Contact Ir	formation			
	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh		
<121>	Filing Carrier Name	Central Louisiana Cellu	lar, LLC	-
<122>	Street Address (or PO Box)	170 Devon Park Drive	Suite 104	
<123>	City	layne		
<124>	State	PA		
<125>	Zin-Code			
<126>	Telephone Number	.9087		
<127>	Fax Number	105356474 ext.		
<128>	6:	106885209		
<b>\120&gt;</b>	Email Address	strausbaugh@cellonenat:	ion.com	
Authorized	Agent Information			
	if no agent, indicate in this box ✓			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			

<010>	Study Area Code	278009	
(060) Cov	rerage and Performance Repi	<b>1</b>	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8

<010>	Study Area Code	278009
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2013 - 07/2015	

278009_CPRd_LA.zip	

Coverage and Performace attachments

<141>

<a1></a1>	County	1	Resident Population per Census Block	Resident Population Newly Reached by Service	 Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
			9	ee attach	ed works	heet			
				o dudon	OG WOIRGI				

	0		0
Percentage of Total Population Reached by Service		Percentage of Total Road Miles covered by Service	

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
	Approved by OMB
	OMB Control No. 3050-1185 Page 4 of 8

<010>	Study Area Code	278009
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

	<del></del>				
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.					
Name of Reporting Carrier: Cent	ral Louisiana Cellular, LI				
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 06/28/2017			
Printed name of Authorized Officer:	Chad Strausbaugh				
Fitle or position of Authorized Officer:	Staff Counsel				
Telephone number of Authorized Officer:	6105356474 ext.				
Study Area Code of Reporting Carrier:	278009	Filing Due Date for this form: 07/03/2017			

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier  I certify that (Name of Agent)  is authorized to submit the information reported on behalf of the reportic carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer or Employee:	Date:				
Printed name of Authorized Officer or Employee:	Suite.				
Title or position of Authorized Officer or Employee:					
Telephone number of Authorized Officer or Employee:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
Persons willfully making false statements on this form can be p	unished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment nder Title 18 of the United States Code, 18 U.S.C. § 1001.				

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorize	ed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am authoriz lata provided by the reporting carrier; and, to the best of m	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or y knowledge, the information reported herein is accurate.
lame of Reporting Carrier:	
lame of Authorized Agent Firm:	
ignature of Authorized Agent or Employee of Agent:	Date:
lame of Authorized Agent Employee:	
itle or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agent	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

(080) Trib	al Lands Reporting				FCC Form 690 Approved by OMB OMB Control No. 3060-1185
					Page 5 of 8
<010>	Study Area Code		278009		
<015>	Study Area Name		Central Louisiana	Cellular, LLC	
<020>	Program Year		2017		
<030>	Contact Name - Person USAC should contact regarding Contact Telephone Number - Number of person identif	this data	Chad Strausbaugh		
<039>	Contact Felephone Number - Number of person identification of the Contact Email Address - Email Address of person identification of the Contact Email Address - Email Address of person identification of the Contact Felephone Number - Number of person identification of the Contact Felephone Number - Number of person identification of the Contact Felephone Number of Person identification of th	fied in data line <	4020s		
<142>	State		CU3U> cstrausbaugh@cell	onenation.com	
440					
<143>	County				
<144>	Tribal Land(s) on which ETC Serves				
<145>	Tribal Government Engagement Obligation	Name of Attached	Document (.pdf)		
	If your company serves Tribal lands, please select (Yes, leach of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the T government pursuant to § 54.1004 includes:	the attached	le) for		
<146>	Needs assessment and deployment planning with a foc community anchor institutions;	us on Tribal	Select (Yes, No, Not Applicable)		
<147>	Feasibility and sustainability planning;			ļ	
<148>	Marketing services in a culturally sensitive manner;				
<149>	Compliance with Rights of way processes				
<150>	Compliance with Land Use permitting requirements				
<151>	Compliance with Facilities Siting rules				
<152>	Compliance with Environmental Review processes				
<153>	Compliance with Cultural Preservation review processes				

<154> Compliance with Tribal Business and Licensing requirements.

(090) Projec	Update Information	FCC Form 690 Approved by OMB. OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	278009
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200> <201> <202>	Date Authorized to Receive Support  Targeted Completion Date  Total Mobility Fund Support Awarded	08/08/2013 08/09/2015
12027	Total Wobility Fund Support Awarded	58100.00
<203>	Total Mobility Fund Support Disbursed	57699.11
<210> <211>	Actual Completion Date Project Status Description (attached)	07/13/2015  278009_PSD_LA.pdf  {Name of PDF attached}
<212><213><214><215><216><216><217>	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.  Status of Network Deployment - Network Design Status of Network Deployment - Construction Status of Network Deployment - Deployment Status of Network Deployment - Maintenance Project Budget Status Project Plan Status	\frac{\dagger}{\dagger} \frac{\dagger}{\dagger} \frac{\dagger}{\dagger} \frac{\dagger}{\dagger}

**⊙** 3G **○** 4G

<218> Network will Support 3G/4G Mobile Service ?

Page 7 of 8
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<010>	Study Area Code	278009
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibility that I am an officer of the reported on this form and in	ties include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the nany attachments is accurate.
Name of Reporting Carrier: Central Louisiana Cellular, LI	se
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/28/2017
Printed name of Authorized Officer: Chad Strausbaugh	
Fitle or position of Authorized Officer: Staff Counsel	
Telephone number of Authorized Officer: 6105356474 ext.	
Study Area Code of Reporting Carrier: 278009	Filing Due Date for this form: 07/03/2017

(102) Certification - Agent / Carrier	FCC Form 690 Approved by OMB
	OMB Control No. 3060-1185 Page 8 of 8

<010>	Study Area Code	278009
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation_com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carrier. I
also certify that I am an officer of the reporting carrier; my respon agent; and, to the best of my knowledge, the reports and data pro	nsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punis unde	shed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment er Title 18 of the United States Code, 18 U.S.C. § 1001.

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

	Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier					
l, as a repor	gent for the reporting carrier, certify that I am au ted herein based on data provided by the reportin	thorized to submit the reports for Mobility Fund recipients on behalf ng carrier; and, to the best of my knowledge, the information reporte	of the reporting carrier; I have provided the data			
Name	of Reporting Carrier:					
Name	of Authorized Agent Firm:					
Signat	ture of Authorized Agent or Employee of Agent:		Date:			
Name	of Authorized Agent Employee:					
Title o	or position of Authorized Agent or Employee of Age	ent				
Telepl	hone number of Authorized Agent or Employee of	Agent:				
Study	Area Code of Reporting Carrier:	Filing Due Date for this form:				
	Persons willfully making false statements on this form	n can be punished by fine or forfeiture under the Communications Act of 193- 18 of the United States Code, 18 U.S.C. § 1001.	4, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title			

# **Attachments**

	CHARLES TO ACCUMENTATION CONTROL OF THE PROPERTY OF THE PROPER		
(060) Coverage and Performance Repo			THE SHALL COMPANY WAS ASSESSED AS THE CONTRACT OF THE PROPERTY
Value Anna alla production del la			FCC Form 690
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	propried the second	A STATE OF THE STA	

<010>	Study Area Code	278009
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2013 - 07/2015
	<del>-</del>	

<141>

<=15	<a2></a2>	<q5></q5>	<b1></b1>	<b>452&gt;</b>	<b>4</b> b3>	<c1></c1>	<c2></c2>	-; <c3></c3>	≤d>
State	County Rapides	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
LA	Rapides	0000	0	0	0	0.0	0.0	0.0	Yes
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j									

Percentage of
Total Population
Reached by
Service

0		

Percentage of Total Road Miles covered by Service

0			

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2016 – July 2017

## FCC Form 690 - Coverage and Performance Data Update

Central Louisiana Cellular, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2016 – July 2017

### **Project Status Description**

Item: SAC 278009

County/State: Rapides, LA

Total Award Amount: \$58,100.00

### **Project Description**

To date, Central Louisiana Cellular, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

	Fund 654.1009 Annual Reporting lection Form		Avg. Burd	FCC Form Approved by OMB OMB 3060-1185 en Estimate per Respondent: 18 Hours
<010>	Study Area Code	278011		
<015>	Study Area Name	Central Louisiana Cellular, LLC		Accepted / Filed
<020>	Program Year	2017		JUN 29 2017
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		JUN 2 9 ZUII
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	•	Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
51548/U/H/S-U/			HI SANTAS PARAS PARA	
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N	<u>)</u> <040> O	•
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>	
		401	<042>	
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Intol es	rfler Contact Form	
(GOG) CO	ties connect folds	FCC Form 690
		Approved by OMB.
		OMB Control No. 3060-1185
		Page 2 of 8
<010>	Study Area Code	278011
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding t	this data Chad Strausbaugh
<035> <039>	Contact Telephone Number - Number of person identifi	ied in data line <030> 6105356474 ext.
<039>	Contact Email Address - Email Address of person identif	ied in data line <030> cstrausbaugh@cellonenation.com
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder	
<110>	FCC Registration Number	20165593
<111>	Filing Carrier Name	Central Louisiana Cellular, LLC
<112>	Winning Bidder Carrier Name	Central Louisiana Cellular, LLC
<113>	Street Address (or PO Box)	1170 Devon Park Drive, Suite 104
<114>	City	Wayne
<115>	State	
<116>	Zip-Code	PA
<117>	Telephone Number	19087
<118>	Fax Number	6105356474 ext.
<119>	Email Address	6106885209
1225	Email Address	cstrausbaugh@cellonenation.com
Contact Ir	<u>lformation</u>	
	if same as above, indicate in this box	
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh
<121>	Filing Carrier Name	Central Louisiana Cellular, LLC
<122>	Street Address (or PO Box)	1170 Devon Park Drive, Suite 104
<123>	City	Wayne
<124>	State	PA
<125>	7in-Code	19087
<126>	Telephone Number	
<127>	Fax Number	6105356474 ext.
<128>	Fmail Address	6106885209
	=	cstrausbaugh@cellonenation.com
Authorized	Agent Information	
	if no agent, indicate in this box	
<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

<010s	Study Anna Cada		 	
				Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
(060) Cov	verage and Performance Rep	ort .		FEC Form 690

<010>	Study Area Code	278011
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140> (	Coverage and Performance Report Year 08/2016 - 07/2017	

27801	1_CPRd_LA.	zip			
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Coverage and Performace attachments

<141>

	<al></al>	<a25< th=""><th> Resident Population per Census Block</th><th>Resident Population Newly Reached by Service</th><th>Total Resident Population Reached by Service</th><th>Road Miles per Census Block</th><th>Road Miles per Census Block Newly Reached</th><th>Total Road Miles covered per Census Block</th><th>Certify that Coverage and Performance data is uploaded (Yes/no)</th></a25<>	 Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
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				bee allacii	eu worksi	ieei			
┢		-							

	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	